PATENT APPLICATION FEE DETERMINATION RECORD Effective October 1, 2000

Application or Docket Number 09/872376 29/820.10

			SMALL ENTITY TYPE (OR	OTHER SMALL							
T	OTAL CLAIMS		20					RATE	FEE		RATE	FEE	
FOR			NUMBER FILED		NUMB	NUMBER EXTRA		BASIC FEE	355.00	OR	BASIC FEE	· 710.00	
TC	TAL CHARGE	ABLE CLAIMS	20 minus 20=		· 0			X\$ 9=		OR	X\$18=		
INE	DEPENDENT C	LAIMS	2 minus 3 =		. 0			X40=		OR	X80=		
ML	JLTIPLE DEPEN	NDENT CLAIM P	RESENT					+135=			+270=		
• 11	the difference	in column 1 is	less than ze	r °0° in c	olumn 2	•	TOTAL	355	OR	TOTAL			
3/17/05 CLAIMS AS AMENDED - PART II									255	OR	OTHER	THAN	
7	illa .	(Column 1)		(Colu	mn 2)	(Column 3)		SMALL	ENTITY	OR	SMALL		
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVI	BER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	· 32	Minus	PAID •• &		- 12		X\$ 9=	FEE	OR	50 X\$18±	6000	
	Independent	• 4	Minus	3	>	= i		X40=			Xee		ŀ
	FIRST PRESENTATION OF M		ULTIPLE DEPENDENT		CLAIM					OR		2006	7
1/-1-05								+135= TOTAL		OR	+270= TOTAL		
/	<i>j.</i> /. UC							ADDIT. FEE		OR	ADDIT. FEE	LACOP	
		(Column 1)	ু প্ৰ	(Colu		(Column 3)			ADDI-			ADDF	á
ARENDMENT B		REMAINING AFTER AMENDMENT		NUM PREVI PAID	OUSLY	PRESENT EXTRA		RATE	TIONAL FEE		RATE	TIONAL	1.4.6
2	Total	32	Minus	- 30	3_	=		X\$ 9=		OR	X\$18=	\$ 33	
	Independent	. 4	Minus	*** 4	7	= '		X40=		OR	X80=		
	FIRST PRESE	NTATION OF MI	ILTIPLE DEPENDENT CLAIM]						
							į	+135=		QR	+270= TOTAL		
							4	TOTAL ADDIT. FEE		OR	ADDIT. FEE		
		(Column 1)	<u> </u>	(Colu		(Column 3)	٠,						
ENT C		REMAINING AFTER AMENDMENT		NUM PREVI PAID	BER DUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
Š	Total	•	Minus	**		=		X\$ 9=		OR	X\$18=	** ()	
AMENDA	Independent	•	Minus	***		•		X40=		1 .	X80=		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM									OR			
• 1	if the entry in ook	Į	+135=		OR	+270=							
"If the entry in column 1 is less than the entry in column 2, write "O' in column 3. "If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." "If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." ADDIT. FEE ADDIT. FEE													
	The "Highest Nurs	nber Previously Pa	d For (Total or	Independ	ent) is the	highest numbe	er fou	and in the app	propriete bos	th co	iumn 1.		

FORM PTO-676

Petant and Tradement Office, U.S. DEPARTMENT OF CONSUMPTICE

"U.S. GPO: 2000-160-708700103